



2021 Kids Zone Summer Day Camp Handbook

Kids Zone Supervisor

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8901 West 123rd Street
Palos Park, IL 60464
www.palospark.org
(708) 671-3760

Welcome to Kids Zone Summer Day Camp at the Village of Palos Park Recreation and Parks Department. We thank you for choosing our program and look forward to a safe and fun summer with your camper. The goal of the Kids Zone Summer Day Camp program, is to meet the needs of the community to provide supervision at a nominal cost for the community's children.

Mission of the Recreation and Parks Department: “The mission of the Palos Park Recreation and Parks Department is to provide quality recreational opportunities to all age groups through athletic, leisure, cultural, and community programs in an effort to enrich the quality of life and develop a united sense of community.”

Program Operation: The Summer Day Camp program operates five days a week for Nine (9) weeks, 9 A.M. - 3 P.M. daily. Weekly sessions will begin June 14 and end the week of August 9. Camp is closed on July 5. Campers may be enrolled for any number of weeks that the program operates.

Program Design: The Summer Day Camp has been carefully designed to provide quality care in a safe, pleasant environment. The program affords each camper a wide variety of fun, educational and recreational opportunities, including supervised play activities, arts and crafts, indoor and outdoor games, reading and writing basics and science fun, just to name a few.

Program Eligibility: Open to children ages 5 to 12 years. Children must be potty trained.



Registration Procedures: The Summer Day Camp covers a total of 9 weekly sessions. All forms attached to this handbook must be completed with the exception of the self-administer medication form in order to attend camp

Campers must be registered by June 1, 2021 for ANY of the weekly sessions.

Sessions:	<u>5 days a week</u>	<u>3 days a week</u>
	<u>Codes:</u>	<u>Codes:</u>
June 14 - June 18	249.30	248.30
June 21 - June 24	249.31	248.31
June 28 - July 2	249.33	248.33
July 6 - July 9 (No class July 5)	249.34	248.34
July 12 - July 16	249.35	248.35
July 19 - July 23	249.36	248.36
July 26 - July 30	249.37	248.37
August 2 - August 6	249.38	248.38
August 9 - August 13	249.39	248.39

Day Camp Fees: \$125 per week for 5 days \$85 Per week for 3 days

Other Fees: late pick up, Lunchables, etc.

Deadline: Due within one week from when they were applied to your account.

Method: Credit Card (MasterCard, Discover, Amex or Visa), Cash or Check - Payment can be made in the Registration or staff office M-F 9 A.M. to 4 P.M. or other the phone by calling (708) 671-3760

Day Camp Drop-Off Policy: Each child must dropped off at the designated drop off zone on Forest Glen Blvd, and signed in from their vehicle.

Day Camp Pick-Up Policy: All children must be signed out at the end of the day. Children will only be released to parents/guardians or individuals listed on the Participant Information Form. Any changes or additions to this form must be made in writing. Please be aware and inform anyone, including a parent, who picks up your child that he or she may be asked to show photo identification. While we will always attempt to follow parental wishes, the Village of Palos Park cannot prevent a parent or a legal guardian from picking up his or her child unless there is a restraining order in place. Please provide the Kids Zone Supervisor with any custody information so that our staff is fully informed. Pick up will be done at the same location as drop off, on Forest Glen Blvd.

Late Pick-Up Policy: If you are going to be late, you must contact us. The late fee is \$10 beginning 10 minutes after 3 P.M and \$1 for each additional minute. This fee must be paid within 24 hours. Chronic late pick-ups of 15 minutes or more may result in dismissal from the program. If a child is not picked up by 8:00 P.M., on any given camp day, the child will be considered abandoned and the authorities will be called.

Illness: Make sure you have a plan in place in case your child becomes ill while at camp. If you will be unavailable, please have someone lined up who is able to care for your child. This is important for the well-being and comfort of your child as well as all of the other campers and staff. It is the parent's responsibility to verify her/his child's daily health is adequate before bringing her/him to camp. A child who shows signs of illness should stay home for the benefit of all. If your child is exposed to a communicable disease, you must notify us immediately for the protection of the campers and staff. If a child becomes ill or injured while at camp, his/her parent will be notified immediately. Staff will follow the directions stated on the Child Information Form concerning your physician and others who are to be notified if a parent or guardian is unavailable. A doctor's note is required for readmitting a child after the following illnesses: Strep Throat, Ringworm and Pink Eye. A physician should diagnose any child who experiences symptoms of a contagious disease. If you have any questions regarding an illness, please call in advance before dropping off your child.

If a Camper becomes Covid Positive, or is exposed to a Covid Positive person, please call Site Leader immediately. Per IDPH Guidelines, campers and staff testing positive are to isolate at home for a minimum of 10 days after symptom onset and can be released when feverless for 72 hours or 2 negative Covid tests. The CDC Guidelines state those in the same camp group should be self-isolating for 14 days. If a staff or participant are found Covid positive then CDC disinfecting will be performed in areas where staff/participant were

Medication Dispensing: If your child requires medication during the time they are in our care, please notify the Recreation and Parks Department and complete the Medication Authorization Form. Our staff is not authorized to dispense medications, with the exception of an EPI Pen. If needed, a staff member can verbally assist your child with taking his or her medication.

Health Care Policies: The Recreation and Parks Department is not licensed for the care of sick children. Staff have the authority to refuse any child who shows signs of illness using the following guidelines:

- Temperature of 100 degrees or more: A child who is ill may not be at camp, even if controlled by medicine.
- Vomiting: A child who vomits will be sent home immediately.
- Strep throat: A child must take antibiotics for 24 hours before returning.
- Diarrhea: A child who has diarrhea twice in one day will be sent home.

- Chicken Pox: A child must remain home until all blisters have dried and formed scabs. This usually is 7-10 days after the pox began.
- Ringworm: Children may return 24 hours after starting treatment. The ringworm must be covered until no longer visible.
- Pink Eye: A child with pink eye or conjunctivitis will be sent home. Children may return after 3 doses of drops.
- Head Lice: A child must remain at home until the first treatment is completed, with no further active lice or nits seen.
- A doctor's note may be required for re-admittance to the program.

Accident Policy: If your child receives a minor, superficial wound or injury at Summer Day Camp, basic first aid will be administered. If a child receives an injury or illness that calls for emergency medical attention, the local fire district ambulance will be called and the child will be transported to the nearest hospital emergency room treatment center. A staff member will accompany the child.

Parent/guardian will be contacted immediately after an ambulance has been called. If parent/guardian cannot be reached the emergency contact will be called. Parents will be informed of minor accidents via phone.

Bathroom Accidents: If your child has a bathroom accident staff will call the parent/guardian to come and change the child. If your child has spare clothing he/she will be expected to change themselves. Staff assistance is limited.

Camper's Cubbies and Required Items for Camp: Each camper will be given their own cubby while attending camp for their personal belongings. These personal spaces will be theirs to use during camp and are subject to change week to week. Their lunch and extra clothing will be stored in this cubby along with any projects they work on during their week at camp. We also ask that each child provide a reusable, durable cloth, canvas or other type fabric bag to be kept at Summer Day Camp each week they are in attendance. This bag will be used to hold any items they may need during their time at camp and may include but are not limited to:

- Medications
- Hand sanitizer
- Sunscreen
- Kleenex
- Bug spray

Besides a reusable bag for personal items, every child is also required to bring an extra set of clothing on the first day they attend camp and will be kept in their cubby until the last day of the week they attend camp. All items should have the child's name written on the clothing and will be used as needed.

Special Food Days: Occasionally, Kids Zone Summer Day Camp will organize Special Food Days. These days will be planned in advance and notice with details of each special food day will be given to parents. We will encourage parental or family participation for some Special Food Days, i.e., carnival day or bake sale day, etc., other days will be specific for campers, i.e., popsicle day, popcorn during movie days, ice cream day, etc.

If there is a Special Food Day the week your child is attending camp, you will be given information on the first day you drop your child off. We will require parental consent for each of these days so you are aware of what food is being served in case of dietary restrictions or allergies. If you choose to not let your child participate in Special Food Days, your child can still take part in the activities surrounding Special Food Days, but will not consume any of the food served.

Behavior Expectations: The goal of the Palos Park Recreation is to create a safe and nurturing environment where children can build friendships, grow, play and have fun. It is at the discretion of the lead counselor to implement the discipline procedures and the discretion of the Recreation Supervisor to suspend a child in violation of the behavior expectations. We appreciate your cooperation and understanding of our behavior expectations. Please direct any questions to your child's lead counselor or the Recreation Supervisor.

No refunds will be given for days that a child is suspended. If a child is dismissed from the program, a refund will be issued for the remaining session(s) paid for less a 25% administrative fee.

CAMPER BEHAVIOR RULES AND CONSEQUENCES:

Rule 1 – When someone is speaking on the microphone, everyone stop, look, and listen immediately.
Consequence: If a counselor has to ask a camper to listen more than two times, s/he will sit out for ten minutes.

Rule 2 – Stay in the area you belong in. DO NOT go anywhere by yourself.
Consequence: If you leave your area without permission from your counselor, you will sit out for 15 minutes and your parents will be called.

Rule 3 – Keep your hands and feet to yourself.
Consequence: If you are caught putting your hands or feet on another camper in any way (pinching, poking, tickling, shoving, kicking, etc.), you will sit out for 30 minutes and have a conference with a Director.

Rule 4 – Be respectful to counselors and other campers.
Consequences: If disrespectful in any way (verbally or physically):
1st time – You will sit out for 15 minutes
2nd time – Your parents will be called and further action may be taken.

Rule 5 – No camper shall threaten the physical or psychological safety of themselves, another camper or staff member. (ie: verbal threats of physical violence, taunt, tease, insult, torment, ridicule, etc.)
Consequence:
1st time – Those involved will sit out for the entire period and have a conference with a Director.
2nd time – Camp attendance will be suspended for the next 2 days the camper is registered to attend, after a call home to parents.
3rd time – Camper will be excluded for the duration of the season.

Consequences may vary based on the severity of the offense.

Consequence may escalate to the step most appropriate for the behavior, regardless of 1st time, 2nd time, etc. Consequence duration may increase based on severity of the behavior, regardless of 1st time, 2nd time, etc. Suspension or permanent exclusion from camp is possible at any time, based on the severity of the behavior, regardless of 1st offense, 2nd offense, etc. Suspension days are not refundable.

Harassment, Intimidation, or Bullying (HIB) of another camper will not be tolerated for any reason. The camper will be suspended immediately.

“Harassment, Intimidation or Bullying” is defined as any gesture, any written, verbal or physical act, or any electronic communication that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, gender, disability, sexual orientation, gender identity or expression, national origin or ethnicity, or by any other distinguishing characteristic, that takes place on school grounds, at any school-sponsored function or on a school bus and that:

A. A reasonable person should know, under the circumstances, what will have the effect of harming a person or damaging the person’s property, or placing a person in reasonable fear of harm to his/her person or damage to his/her property; or

B. Has the effect of insulting or demeaning any person or group of persons in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the program.

Parent Conferences: If a child consistently displays unacceptable behavior during camp, parents may be asked to attend a conference with the lead counselor and/or the Recreation Supervisor. Parents may also request a conference to discuss any concerns. Please feel free to ask questions at any time. We believe that open communication between parents and staff is essential for your child's success and happiness.

Snacks and Lunch: If your child has food allergies please let us know! We will be happy to make reasonable accommodations or you are welcome to send in alternative snacks. Snack times may vary on trip days. Each child is responsible for bringing a healthy sack lunch daily. Soda and Energy drinks of any kind are not allowed. Please send water in your child’s lunch. You will be notified of any special food days in advance. Please be sure that your child’s name and grade is clearly marked on the lunch bag. Please send food that does not require refrigeration or heating up. We do not have enough facilities or storage to accommodate large numbers. Remember to send a water bottle. In the event of a forgotten lunch we will provide a “Lunchable”, fresh fruit or applesauce pouch and a water at a cost of \$5.00 due within one week.

Specific Needs: If your child has any specific needs, please specify on the Participant Information Form. Depending on the specific details, special arrangements may be made to best serve the needs of your child. Our goal is that everyone fully enjoys the camp experience.

IMPORTANT REMINDERS:

- The Recreation Center has many programs that take place during the day so please remember to use caution when entering and exiting the ONE WAY parking lot.
- Please make sure you LABEL EVERYTHING brought to camp.
- Please provide healthy, nut free, snacks and lunch.
- IDPH Guidelines camp will follow current approved IDPH guidelines. These will be updated and adjusted as needed. As of this printing Guidelines relating to the novel Corona virus for summer camps in Phase 3 include:
 - Social Distancing of 6 feet for regular activities
 - Social Distancing of 10 feet for game play
 - Camp Groups will not intermingle and there will be no changing groups ones assigned. Staff will remain with each groups once assigned.
 - We will increase supply sanitizing and provide each camp group supplies that will not be shared between groups. These will be sanitized daily.

Please make sure you provide your children with these materials daily...

- Healthy snack
- Sunscreen – (apply at home before camp)
- Closed-toed shoes with a back, flip flops or sandals are not acceptable
- Lunch
- Water bottles - NO twist off (sports bottle caps only)



RECREATION AND PARKS DEPARTMENT

Registration Form

(please print)

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H): _____ Email: _____

Phone (C): _____ Preferred Contact Number: (H) _____ (C) _____

To better serve you, we have an option to text information about classes you have registered for to include cancellations or changes, plus facility closures or emergency information pertaining to your classes. Please provide your cell phone provider.

Cell Phone Provider: _____

Head of Household

First Name	Last Name <i>(if different)</i>	M/F	Date of Birth	Relationship to child (children)

Child's First Name	Last Name <i>(if different)</i>	M/F	Date of Birth		

Payment Options: **Cash or Check** (Make checks payable to *Village of Palos Park*) Total \$ _____

Credit Card (circle one): MasterCard Visa American Express Discover

Card #: _____ Expiration Date: _____ CVC _____

We can also take credit card information over the phone 708-671-3760.

I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement. (If applicable)
 I do hereby fully release and discharge the Village of Palos Park and its officers, agents, employees, and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program. I also give my permission for any photographs/videos of me/my child/ward taken by the recreation department at a class/program/event to be used for publicity purposes.

 Cardholder name

 Signature of Parent/Participant/Cardholder

Account	Cash	CC	Check #:	Office Use Only Amount: \$	Date:	Staff:
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RECREATION AND PARKS DEPARTMENT

8901 W. 123rd St., Palos Park, IL

60464 708-671-3760

www.palospark.org

2021 Kids Zone Summer Camp Supplemental Registration Form

(please print)

Last Name: _____

Camper's First Name: _____ Camper's First Name: _____

Please check the session(s) for which you are registering your camper(s):

Sessions:	5 days a week: \$125	3 days a week: \$85
	Codes:	Codes:
June 14 - June 18	<input type="checkbox"/> 249.30	<input type="checkbox"/> 248.30
June 21 - June 25	<input type="checkbox"/> 249.31	<input type="checkbox"/> 248.31
June 28 - July 2	<input type="checkbox"/> 249.33	<input type="checkbox"/> 248.33
July 6 – July 9 (No class July 5)	<input type="checkbox"/> 249.34	<input type="checkbox"/> 248.34
July 12 - July 16	<input type="checkbox"/> 249.35	<input type="checkbox"/> 248.35
July 19 - July 23	<input type="checkbox"/> 249.36	<input type="checkbox"/> 248.36
July 26 - July 30	<input type="checkbox"/> 249.37	<input type="checkbox"/> 248.37
August 2 - August 6	<input type="checkbox"/> 249.38	<input type="checkbox"/> 248.38
August 9 - August 13	<input type="checkbox"/> 249.39	<input type="checkbox"/> 248.39

Parent Signature: _____ Date: _____



Palos Park Recreation and Parks Department

HANDBOOK ACKNOWLEDGEMENT FORM

Please sign and return this page as acknowledgement that you have read and understand the KIDS ZONE Summer Day Camp Handbook.

Child's Name: _____

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



Palos Park Recreation and Parks Department

WAIVER OF LIABILITY HOLD HARMLESS AGREEMENT

ADULT AND/OR MINOR

Description of Activity: KIDS ZONE Summer Day Camp:

Please read this form carefully when registering your minor child/ren for participation in the above described Activity and any activities associated therein you agree to waive your rights to all claims for injuries your child might sustain arising out of this Activity; and you will be indemnifying, holding harmless and defending the Village of Palos Park, its Employees and Volunteers for any claims arising out of the participation of your minor child/ward in the Activity.

In consideration of my minor child/ren under 18 years of age being allowed to participate in the Activity, I recognize and acknowledge that there are certain risks of physical injury associated with the Activity. I agree to assume the full risk of injuries that I or my minor child/ward may sustain, as a result of participating in the Activity and all activities connected or associated therewith. **I agree to indemnify, hold harmless and defend the Village of Palos Park, its Employees and Volunteers for any and all claims injuries, damage or loss on behalf of myself and/or my minor child/ward may have against the Village of Palos Park, its Employees and Volunteers as a result of my participation and/or my minor child/ren participation in the Activity.**

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Child/ren

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



Palos Park Recreation and Parks Department

PARTICIPANT INFORMATION FORM

Name of Participant: _____ Nickname: _____

Name of Parent/Guardian we should contact: _____

Parent/Guardian preferred phone number: _____

Email: _____

The following family/friends have my permission to drop off/pick up my child at the KIDS ZONE Summer Day Camp program: Personal identification will be required before the child will be released.

Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List ANY food/environmental allergies, if none, state "NONE":

List ANY health limitations/special or specific needs/medical conditions, etc. If none, state "NONE":

Is there anything the KIDS ZONE Summer Day Camp staff should be aware of regarding your child to ensure a positive and productive experience with the program?



Palos Park Recreation and Parks Department

EMERGENCY TREATMENT RELEASE FORM

As a Parent/Guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency service may be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is of the essence during an emergency situation and I authorize emergency medical treatment for my child, however, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Village of Palos Park, its employees, and volunteers. In addition, I agree that I will be responsible for the payment for any and all medical services provided.

Child/Children's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



SUMMER DAY CAMP

Palos Park Recreation and Parks Department

MEDICATION AUTHORIZATION FORM (page 1 of 2)

(Self-Administration of Asthma/Epi Pen Medication Form, ONLY complete if necessary)

To be completed by the student's parent/guardian:

Student's name: _____ Date of Birth: _____

Home Address: _____

Mother Name: _____ Cell: _____ Home: _____

Father Name: _____ Cell: _____ Home: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The Village of Palos Park Recreation and Parks Department will not dispense medication to a minor child or another participant without the Medication Authorization Form on file.

I hereby authorize the **Village of Palos Park Recreation and Parks Department** to allow my child to carry, and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector while under the supervision of staff or personnel during the registered program. We recommend that you provide an additional dose of medication to be kept with our program in the event that your child forgets or loses his/her medication. I/we give permission for my above named child to carry the medications prescribed below by his/her medical provider. I /we are responsible for notifying the staff of changes in my child's medical condition or medication.

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers with the following information: Participant's Name, Name of medicine and complete dosage instructions:



SUMMER DAY CAMP

[Medication Authorization Form CONTINUED (page 2 of 2)]

To the fullest extent permitted by law, I assume the full risk of injuries, including death, damages or loss, of any kind whatsoever, which my child may sustain as a result of him or her carrying and self-administering his or her asthma inhaler and/or use of his or her epinephrine auto-injector and all actions or reactions connected with or associated with it in any way. I agree to waive and relinquish all claims I may have against the **Village of Palos Park, its Officers, Agents, Employees, and Volunteers** as a result of my child carrying and/or self-administering administering his or her asthma inhaler and/or use his or her epinephrine auto-injector and all actions or reactions connected with or associated with it in any way. I further agree to indemnify, hold harmless and defend the **Village of Palos Park, its Officers, Agents, Employees, and Volunteers** from any and all claims, losses, damages of any kind whatsoever sustained by me and arising out of, connected with, or in any way associated with my child carrying and/or self-administering his or her asthma inhaler and/or use his or her epinephrine auto-injector.

Parent/Guardian Signature: _____ Date _____

To be completed by physician/physician's assistant/nurse practitioner:

Child's Name: _____

The above named child has: _____

(name of disease, allergy or syndrome)

I am requesting he/she self-administer the following medication during program hours:

Name of Medication/Inhaler: _____ Dosage: _____

Frequency: _____ Side Effects: _____

Order Date: _____ Discontinue Date: _____

I certify the above named child has been instructed in the use and self-administration of the specified medication. He/she understands the need for the medication, and the necessity to report to personnel any unusual side effects. He/she is capable of using this medication independently. I may be reached at the following phone number in the event of a reaction to the medication or an emergency.

Physician Signature: _____ Date: _____

Physician Address: _____

Physician Phone: _____



SUMMER DAY CAMP

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Despite all efforts to mitigate COVID – 19 the Village of Palos Park cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Village of Palos Park’s services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Village of Palos Park’s services and/or enter onto Village of Palos Park’s premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Village of Palos Park’s services and enter Village of Palos Park’s premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the Village of Palos Park’s services and premises in person

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Village of Palos Park and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Village of Palos Park’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Illinois the County of Cook and the Village of Palos Park will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____
Name (printed): _____

Date: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature : _____
Name (printed): _____

Date: _____



COVID-19 MONITORING PERMISSION

In consideration of myself and/or my child/ward being allowed to participate in the Activity, I grant the Village, its officials, agents or employees full permission to do a temperature scan on myself and/or my child/ward and monitor for symptoms of COVID-19, which may include being asked a series of questions:

Have you had a cough or a fever?

Have you been in contact with anyone who recently traveled abroad, or anyone showing symptoms for COVID-19?

I understand and agree that if I and/or my child/ward has a temperature, shows symptoms of COVID-19 or answers any questions in the affirmative, I and/or my child/ward shall not be allowed to participate in the Activity.

Extension of Participant Liability Waiver and Hold Harmless Agreement. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement contained on the Registration Form is extended to include COVID-19 exposure, infection or the monitoring of COVID-19 exposure as provided above.

Acknowledged and Agreed to this day of , 2021.

Participant or Parent or Legal Guardian